AN INTERVIEW GUIDE FOR EMPLOYEE ASSISTANCE PROGRAM DATA SYSTEMS

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Name of interviewer: _____

Interview date: _____

EAP name: _____

Name(s), title(s), and telephone number(s) of EAP staff:

Name	Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Project summary and introduction. To be provided by individual grantees.

A. General Questions

We'd like to start by asking you some general questions about the management information system (MIS) at **[EAP name]**.

A1.   Does your MIS consist of a single data system, or multiple data systems? Are you familiar with all data systems comprising your MIS? _____

_____

A2.   What software do you use to maintain your MIS (e.g., MS Access, DBase, SAS, MS Excel, custom software)? _____

_____

A3.   Do counselors enter the data directly into a computerized database, or are data entered by data entry personnel from hard copy forms? _____

_____

A4.   Do you have experience creating data files or data extracts from your MIS? By a data extract, we mean writing all records for a given individual to an electronic file, not creating a report summarizing activity for a group of clients. _____

_____

A5.   If you were to provide us with a data file, what type of file could you provide us (e.g., block ASCII, MS Excel, DBase)? _____

_____

B. Integration with Outside Providers

A key aspect of evaluating workplace interventions is understanding how EAP use affects other types of health care utilization. To understand this, we would like to track the health care services received by **[EAP name]** clients as a result of their EAP contact. So now we'd like to ask you a few questions to find out how much information from various providers you have, and how that data may differ from the other data you might provide us.

B1.   Can you tell us if a client was referred by the EAP to an external provider? _____

_____

B2.   Can you tell us the number of external providers to which a client was referred? _____

_____

B3.   Can you tell us if the client went to those providers, and if so for how many visits? _____

_____

B4.   Can you tell us if the external providers to which a client was referred were covered by the client's health insurance? _____

_____

B5.   Can you provide us with information on the type of external providers to which a client was referred? By type of provider, we mean broad categories such as social worker, psychologist, or addiction specialist.

_____

B6.   Can you provide us with information on the type of treatment given by external providers? By type of treatment, we mean broad categories such as inpatient alcohol treatment or outpatient mental health counseling. _____

_____

C. Confidentiality – Patient Identifying Information

Because of the sensitive nature of our data request, we want to be sure that we protect the confidentiality of the involved patients. So now we'd like to ask you some questions about patient identifying information and confidentiality issues.

C1.   Part of our research requires that we receive patient level data from you and merge that with patient level data from other sources. In order to do this we need to use a patient identifier that uniquely distinguishes one patient from another. The client's Social Security number might be an example of such an identifier. Can you provide us with such an identifier? What do you call that identifier?

_____

C2.   What assurances of confidentiality do you require to release this identifier to us?

_____

_____

_____

D. Data Availability

Next, we'd like to ask you some questions about the availability of certain broad types of data. By availability, we mean that you would be able to provide us with the data in an electronic file.

D1.   Can you provide us data on *specific* cases? That is, could you generate an electronic file that has one record per case? By a case we mean a single treatment episode for a single client such that some client's may have multiple cases. _____

_____

If not, what level of data can you provide us? _____

_____

D2. Although we want to examine individual cases, it is important that we understand how these cases combine to form a single client's treatment history. Can you provide us with information that links multiple cases to a single client? _____

_____

D3. Can you provide us with data on non-case contacts with a worksite? By non-case contacts we mean activities such as discussions with supervisors not related to a specific client, supervisor training sessions, or health promotion fairs. _____

_____

_____

E. Available Data Fields

Now we'd like to ask you about the availability of specific data fields. Which of the following data elements do you have?

Client Demographic Data

Data Variables	Available Electronically?	Notes
Unique client ID		
Link to employee		Can be the same as the unique ID if the client is the employee, if the client is a dependent of the employee, this field should identify the employee.
Employee's worksite		
Date of birth		
Sex		
Race/Ethnicity		
Education		

Client Demographic Data Continued

Data Variables	Available Electronically?	Notes
Marital status		
Relation to employee		E.g., spouse, child

Case History Data

Case open date		
Source of referral to the EAP		E.g. supervisor, self, spouse, etc.
Presenting problem		
Primary diagnoses		
Number of contacts with the client by type		E.g., number of counseling sessions, number of telephone consultations, etc.
Number of contacts with the supervisor regarding the client		
Services provided by the EAP		E.g., short-term counseling, legal aid, financial counseling, etc.

Case History Data Continued

Data Variables	Available Electronically?	Notes
Number of external providers referred to		
Type of each external provider		E.g., social worker, psychologist, psychiatrist, etc.
Treatment modality of each external provider		E.g., inpatient, outpatient, self-help
Number of visits to each external provider		
External providers' participation in the employee's health insurance plan		E.g., covered with a copay, covered with a deductible and coinsurance, not covered, etc.
Client's compliance with EAP treatment recomendations		

Non-Case Data

Date of non-case contact with supervisor		
Supervisor's worksite or employer		

Non-Case Data Continued

Data Variables	Available Electronically?	Notes
Issues discussed during supervisor contact		
Dates of supervisor training sessions		
Worksite at which training occurred		
Number of attendees at each session		
Number of EAP staff at training session		
Dates of other worksite activities		
Description of activity		
Worksite at which activity occurred		
Number of attendees at each activity		
Number of EAP staff at activity		

So that we can better understand the information you've just given me, please send me a test file with the data items we've just discussed for approximately 100 cases. This test file is the best way for me to verify my understanding of your data system. Could you please send this test file to me at:

> Grantee contact
> address line 1
> address line 2
> address line 3

Do you have any questions regarding this test file?

_____

_____

F. Historical Records

An important part of understanding a population's willingness to use an EAP is the historical EAP utilization rate for that population. Obtaining historical data will allow us to determine this utilization rate. Also, historical data allow us to examine changes in the treatment patterns of the EAP with regard to changes in the managed care contracts of the employer. Thus, we'd like to collect historical data going back at least 5 years.

F1. Does your current data system include historical information for the last 5 years?

  a) Yes. Does your data go back even farther? How far back? _____

  b) No. How far back does your data go? _____

F2. Is there any reason why some historical data may be lost between now and the start of any data collection, because of routine or periodic data purges, for example? _____

  _____

G. Transferring Data

Finally, we'd like to ask some questions about transferring the data from **[EAP name]** to us. Because the data files we are requesting may be large, we would prefer to receive compressed data files on a single electronic medium such as tape or CD ROM.

G1. Could you write the data files to tape or diskette? If so, please list all formats for both tape and diskette (e.g., 8 mm tape or 3.5″ diskette). Please include CD ROM if you can write data to that medium.

  _____

  _____

G2. Are you familiar with file compression utilities such as PKZip? Please list all utilities you have used.

  _____

  _____

G3. Are you familiar with any backup utilities such as Microsoft backup? Please list all utilities you have used. _____

  _____

  _____

To facilitate our understanding of your data system, we'd like to see a printed list of all data fields available on your MIS (including definitions of those fields and definitions of any codes used). Could you please

include this list with the test file we discussed above? Do you have any questions concerning this interview, the test file, or the list of available data fields that we've requested?

Thank you for your time. This interview has been very helpful.

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_____

Notes

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